



2623#

In Application of:

Docket No. 204694.00037

AARON FENSTER, ET AL.

Application No.: 09/180,629

Examiner Sukhaphadhana

Filed: November 12, 1999

Group Art Unit: 2623

For: THREE-DIMENSIONAL
IMAGING SYSTEM

Date: March 7, 2003

RECEIVED

THE COMMISSIONER FOR PATENTS
Washington, D.C. 20231

MAR 12 2003

Technology Center 2600

Sir:

Transmitted herewith is an amendment in the above-identified application.

☒ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 13	MINUS	** 20	= 0	x \$9 \$18	\$00.00
INDEP. CLAIMS	* 2	MINUS	*** 3	= 0	x \$40 \$80	\$00.00
Fee for Multiple Dependent claims \$135°/\$270						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT—						\$00.00

* If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

☐ °Verified Statement claiming small entity status is enclosed, if not filed previously.

- ☐ A check in the amount of \$_____ is enclosed.
- ☐ Charge \$____ to Deposit Account No. 50-1710 for the Terminal Disclaimer fee. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 50-1710 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 50-1710. A duplicate copy of this paper is enclosed.
- ☒ Charge \$ 465.00 to Deposit Account No. 50-1710 to cover the fee for a 3 month extension of time fee. A duplicate copy of this paper is attached.
- ☒ Charge \$ 180.00 to Deposit Account No. 50-1710 to cover the Information Disclosure Statement fee. A duplicate copy of this paper is attached.
- ☒ Applicants' undersigned attorney may be reached in our Washington, D.C. office by telephone at (202) 625-3507. All correspondence should continue to be directed to our address given below.

Respectfully submitted,


Attorneys for Applicants

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